into pieces presents internally the greenish colour characteristic of the well-prepared and well-preserved protosalt of iron. In this preparation, therefore, there are two essential conditions observed—namely, the preservation of the salt without chemical alteration, and its easy solubility in the digestive passages. But M. Foucher also believes that the manna, by its laxative operation and its stimulating the secretions of the digestive canal, would also act both in facilitating the absorption of the drug and preventing the tendency to constipation which is one of the most troublesome effects of the ferruginous preparations.—*Brit. and For. Med.-Chir. Rev.*, July, 1863, from *L'Union Médicale*, April 7, 1863.

11. *Liquid Permanganate of Potash.*—M. LECONTE prepares this solution in the following manner: Caustic potash, six drachms; chlorate of potash, five drachms; binoxide of manganese, five drachms. Dissolve the caustic potash and the chlorate in a small quantity of water, and add the manganese; get rid of the water by evaporation, stirring constantly, and calcine the dry mass to a dark red for an hour in an untinned iron cup; allow to cool, and add a quart of plain water. Then boil for five minutes in a china capsule, and you will obtain a fluid of a slightly purplish tint; decant the solution, and wash the residue with such a quantity of water as to make altogether two quarts. When filtering is thought necessary, the liquid should be passed, not through paper, but through very fine sand. For dressing foul wounds, or for injecting, use one drachm of this solution to from three drachms to five of spring water.—*Lancet*, Aug. 22, 1863.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

12. *Epidemic Angina Pectoris.* By M. GÉLINEAU.—This epidemic, which seems to be not unlike one which was described by Dr. Von Kleefeld as occurring at Dantzig in 1824, prevailed on board the *Embuscade*, a corvette in the French Imperial navy, in 1858. The crew of this vessel numbered 250 men and boys. For some months this crew had been exposed to considerable alternations of climate, in consequence of the corvette being constantly on the move between stations on the Mexican, the Chilian, and the California coast; and besides this, there was reason to believe that not a few of the number were abandoned to various most demoralizing practices. The epidemic angina pectoris, which broke out in the neighborhood of St. Helena, after some days of very stormy weather, was preceded by a few isolated cases of the same disorder, and of colic, neuralgia, and scurvy. On the 13th of March, an old sailor, who was both scorbutic and anæmic, was attacked while climbing the mast; five days later three others were attacked in the same manner; and between the 18th and the 23d two others. The corvette remained at St. Helena ten days, and during this time the health of the men improved and there were no fresh cases of angina pectoris; but as soon as the vessel got out to sea again—as soon, almost, as the voyage was resumed—six new cases broke out, in persons all of whom were very decidedly scorbutic. M. Gélineau, after detailing the individual cases, gives the following general description of the disorder. The pain begins invariably at the sternum, and is acute in proportion to its vicinity to the heart. It is behind and to the left of the sternum, generally. In one instance it began at the basis of the thorax, in another over the musculus rectus, in a third in the right hypogastrium; in all cases it shot in unbearable pangs towards the heart, and usually these pangs were accompanied by a distinct dread of death. In the majority there was, in addition, a pain in the left shoulder. The patients sought relief by drawing deep breaths, and by bending towards the left side. The pulse generally was retarded and small, and not unfrequently this condition of the pulse was accompanied by palpitation and violent action of the heart, as judged by the strong impulse of the apex of

the organ against the side. During the attack the patient dared not venture to speak, and for some time afterwards his words were scarcely audible and the fewest possible. Eructation, with a feeling of relief, followed the attack in eight cases; vomiting, without much relief, in three or four instances. Once the attack was followed by retention of urine. No attack happened during the night, and the most common time during the day was during the afternoon *siesta*. After awhile any effort, or the act of eating, was a sufficient exciting cause. The treatment consisted in the application of dry cupping glasses with various anæsthetic applications externally, and with narcotics internally.—*Ranking's Abstract*, vol. xxxvii., from *Gazette des Hôpitaux*, Nos. 114, 117, 120, 1862.

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13. *Pseudo-gangrenous Bronchitis.*—A man, aged 40, a paper-maker, of good constitution and habitually enjoying excellent health, was seized early in April with cough and abundant expectoration of matter having a fetid odour. These symptoms appeared when he was apparently in the best health, and were unattended by any constitutional disturbance. The patient ate and worked as usual; he was troubled only by the frequency of the cough, by the abundance of the expectoration, and by the daily increasing fetidity of his breath. His fellow-workmen complained of the odour, and this symptom became so unbearable that he was obliged to enter the Hospital de la Pitié, under the care of M. Empis.

On admission, his breath, especially when he coughed, was extremely offensive. His sputa consisted of glairy transparent colourless matter, very frothy on the surface, holding in suspension a number of small unequal masses of opaque mucus, which floated free in the colourless portion of the sputa: the whole sputa had a peculiar very disagreeable odour, resembling that of gangrene of the lung. On pouring the sputa into a basin of clear water and stirring the mixture, the opaque masses did not communicate to the water the least muddy tint, as purulent sputa do.

The conformation of the patient's chest presented nothing remarkable; percussion elicited a normal clear sound in all points of the lung; on auscultation, there were heard behind, over a space 6 or 7 *centimètres* in diameter below the angle of the right scapula, some moist mucous *râles*, with unequal bubbles, which were partly displaced by coughing. There did not appear to be any pathological modification of the voice.

The patient felt no oppression, and could make large and deep inspirations without the least pain. His sleep was often interrupted by the cough and by desire to expectorate. He was not able to lie on the left side, from a feeling of suffocation when he did so. He had a good appetite; ate and digested well; and had never had fever.

In a clinical lecture on the case, M. Empis remarked that the fetidity of the breath and sputa gave at first the idea of pulmonary gangrene. But the sudden manner in which the expectoration was produced, without having been preceded by any symptoms of disease, and the general state of the patient, so little in harmony with the severity of the general symptoms ordinarily met with in patients affected with gangrene of the lung, forbade the idea of this condition to be entertained. Gangrenous fetidity of the breath and expectoration does not belong exclusively to pulmonary gangrene, and may be met with in certain diseases of the bronchi independent of true gangrene. Laennec more than suspected this, when, failing to find the pathological characters of pulmonary gangrene in patients who had had fetid bronchorrhœa, he suggested that the fetidity of the expectoration depended on a general disposition to gangrene, which excited the mucous secretion of the bronchi. Since that time, M. Briquet has pointed out that, in addition to pulmonary gangrene properly so called, there is an affection of the bronchi which resembles true pulmonary gangrene in the special fetidity of the breath and sputa, but which differs from it in its symptoms, in its pathological anatomy, progress, and frequently favourable termination. M. Lasègue has called this condition *curable* gangrene.

The quantity of the expectorated matter varies much. In the present case, it was about a quart daily: but frequently it amounts to several quarts in twenty-four hours. In cases of long standing it contains, in addition to the elements already described, a grayish finely granular matter, not at all viscous, which is deposited at the bottom of the vessel. It is partially miscible with water, to which, when beaten up in it, it communicates a more or less muddy tint. The fetidity of the breath varies in degree; on some days it is slight, while on others it is very intense; it may disappear in favourable cases, with the catarrhal secretion with which it is connected. The expectoration is not unfrequently preceded by the formation of vomicæ, which burst in coughing, and discharge their contents.

In most cases, there are no remarkable physical signs; there may be no general symptoms, or there may be slight febrile reaction; but in no case is the disease attended with the severe symptoms which ordinarily accompany gangrene. When death occurs, it takes place as the result of exhaustion produced by the excessive secretion, unless the patient be carried off rapidly by some acute complication, such as pneumonia or erysipelas.

The pathology of the diseases does not appear to be positively determined.

M. Briquet believed that the extremities of the bronchial tubes become dilated, and affected with gangrene independently of the other parts of the lung. M. Empis criticizes the latter notion at some length, and says that it seems to him more rational to admit that the disease consists in a special pathological alteration of the mucous membrane of the bronchi, in virtue of which they become dilated, while at the same time their internal surface secretes a prodigious quantity of fetid matter. The disease then may be theoretically resolved into dilatation of the bronchi; bronchorrhœa; and gangrenous fetor. But these are neither successive nor subordinate one to another; they advance equally, and it is their union and indivisibility which constitute the special character of the disease.—*British Med. Jl.*, Aug. 1, 1863, from *Gaz. des Hôp.*, June 2, 1863.

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14. *Infantile Paralysis.*—Mr. HOLMES COOTE has published (*Lancet*, July 11, 1863) some very interesting remarks on this affection. He limits the term "infantile paralysis" to one of the effects produced by the functional disturbance of the nervous centres. The absence of any recognized morbid change of structure in those cases, where post-mortem examination has been made, is rather owing to over defective means of observation than from no such morbid change existing.

The most common exciting cause of this affection, Mr. C. thinks, "is the irritation of first dentition; but I have known the same effect to be produced by the second dentition, and have witnessed symptoms of analogous character, though not so strongly marked, in the adult. A young lady, twenty-two years of age, whose teeth were crowded together and partly decayed, experienced occasional attacks of numbness and loss of power in one upper extremity, recurring at intervals, until she had been relieved by an experienced dentist of the stumps of a number of decayed teeth, which had been the source of pain. But the attack may be quite sudden, without any recognized premonitory symptom. Thus an infant at the breast will appear to have momentary faintness, or may be taken up by the nurse as usual after an apparently uninterrupted night's rest, and in both instances the limbs may be found paralyzed.

"On May 7th, 1863, I saw a boy, aged eight, at the Orthopædic Hospital, in whom the left lower extremity was smaller in circumference, shorter, and colder than the opposite, the foot being in the position known as equino-varus. His mother gave the following history: At two years of age, when to all appearance well, he suddenly fell down stairs from a landing whereon he was playing. When taken up, it was found that the limb had lost all power, and he has never walked since.

"On the same day I saw another boy, Henry M——, aged four, suffering from talipes equino-valgus of the left limb. The mother said that the child began to walk when about twelve months old. He was then, to use her own words, 'taken off his feet' by vomiting and purging. For two years he was quite unable to walk. He was galvanized at another hospital, but without avail.

After a time he became stronger in the back, and could sit up; finally he recovered the use of all the limbs, except the left lower extremity, which has continued weak, cold, and deformed. The limb is smaller than the opposite in circumference by a quarter of an inch, and shorter by half an inch.

"The same effects have been referred to the influence of eruptive disorders on the frame. On May 18th, 1863, I saw a boy, named Richard G——, aged six, suffering from talipes equinus. The mother said that six weeks after having had the measles he went to bed as usual. The next morning she found the right leg completely paralyzed. After a time some power returned in the muscles of the calf, and the heel was drawn upwards. The limb was smaller in circumference, but not materially shorter.

"I do not believe that 'talipes equinus' is ever congenital as a deformity. Now, there are two classes of cases, which, though allied as indicating disturbance of the nervous centres, and in both instances followed by contractions of the limbs, are yet separated by important points of difference. In the first, the limbs are spasmodically contracted, the thighs and legs bent, the heel raised, and the movements are irregular, but there is neither atrophy of the limb nor diminution of temperature. In the second, the heel may be raised or the foot otherwise turned; but the limb is shorter, smaller, colder, and wasted. In the first, the muscular degeneration and conversion into fat is a slow process, extending over many years. In the second it is rapid, the growth and development of the limb being arrested from every moment of the stroke. I believe the first to be an instance of disturbance of the control of the will over muscular power from *cerebral* irritation, such as would be excited by the deposit of tuberculous matter in the membranes about the cerebellum; the second to be an instance of lesion of the *spinal cord.* And although no very clear line of demarcation can in all cases be drawn between the two, yet we find that in the first class of cases the patients are often morbidly excitable, irritable, and prone to laugh or cry; while in the second class, after the first symptoms have subsided, the functions of the brain do not seem to be affected.

"I fancy that in these cases of cerebral disturbance there is often a congenital defect, the development of the brain and the manifestation of the intellect being imperfect. I am now attending the daughter of a lady, whose case illustrates this point. The child is about ten years of age, and she was put under my care in consequence of her ungainly walk, the knees being slightly bent, and the feet having an inclination inwards. I found that the muscles of the calf were so much contracted that the foot was held at right angles to the leg, and the heels came with difficulty to the ground. The control of the will over the muscles generally was imperfect. The child could learn a short lesson, but was not studious; was subject to violent fits of temper, and never had shown affection for any about her. The general aspect was such as warranted a prediction that these peculiarities might become stronger with age.

"The ultimate effects of infantile paralysis, dependent on lesion of the spinal cord, as it affects the limbs, are as follows:—

"In by far the greater number of cases the loss of power is in the lower limbs. At the commencement the paralysis may be general and complete, but usually all the limbs save one recover as mysteriously as they were attacked. Neither sex nor side of the body seems to exercise any influence. Boys and girls, right and left side of the body, suffer equally. But the paralysis is rarely complete: the foot rarely hangs powerless; usually the muscles of the calf retain some power, and pull up the heel (talipes equinus paralyticus); or the foot may incline inwards (talipes equino-varus); or the muscles of the calf and the peronei may pull it outwards (talipes equino-valgus); or, finally the anterior tibial muscles may overcome the paralyzed muscles of the calf, producing talipes calcaneus.

"As patients grow up, the great annoyance which they experience is the liability to sprains. All the ligaments are weak and elongated; and if a person so afflicted tread on a stone or any rough body, he gives the limb a twist which lays him up for days.

"The affection may be limited to an upper extremity, in which case, usually, the deltoid muscle becomes paralyzed, and the humerus drops from the socket;

or, in rarer instances, the muscles of the upper arm become wasted, the forearm being well formed as usual.

"There are cases in which the affection comes on slowly and progressively; others in which first one limb and then another is attacked, but these are comparatively rare. I saw a boy, aged sixteen months, in whom the right heel had been drawn up when the child was five months old. That attack passed away; at the present time (May 18th, 1863) the left heel is contracted.

"In all these cases, the treatment consists in an attempt to remove the source of irritation, whether it be seated in the brain or spinal cord, or whether there be any amount of reflex irritation. As a general rule tonics are not indicated; but purgatives and small doses of tartar emetic often relieve symptoms. The temperature of the limb must in all cases be carefully maintained; and when, finally, the contraction has become permanent, the proper tendons should be divided, and elongated by subcutaneous tenotomy and extension, the foot being held in proper position by the aid of irons. The details of the treatment would lead me into particulars which are already well known to the profession, and which require modification according to the nature of the case."

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15. *Cirrhosis of the Liver in a Child five years old.*—Dr. DAVID MURRAY, Resident Surgeon Royal Maternity Hospital, Edinburgh, reports (*Lancet*, Aug. 22) the following case of this: M. C., aged five years, came under Dr. M.'s care about three weeks before her death, complaining of severe pains in the abdomen, with bearing down, and passage of blood. On investigating her history, it was found that up to three years of age she had always been a very healthy child, when at this time she began to experience transitory pains in the abdomen, more especially in the hepatic region. At times these were so severe that the child could not tolerate them, and, though naturally patient, she screamed in agony. Soon afterwards she began to be affected with a sensation of bearing down, which caused her to go to stool very frequently. Her constitution began to give way, and from being strong and healthy she became pale and anæmic. The mother stated that she applied to several medical men, without, however, deriving any good. At this time no suspicion was entertained regarding the nature of the case. She continued in this chronic condition of ill-health, having the bearing-down sensation and pain generally diffused over the abdomen, when the mother's attention was attracted by the child's passing blood at stool. She was then placed under Dr. Murray's care. On examination, the abdomen was found to be very much distended, but no fluctuation could be detected. The liver was hard and nodulated to the touch, and when pressed upon the child cried out; the feeling was exactly similar to that presented by a cirrhosed liver. To relieve the pain, warm fomentations were applied over the abdomen, and a few doses of Dover's powder given, which had the desired effect. About a fortnight after she was first seen the patient was attacked with severe hæmatemesis, when she vomited several pints of dark venous-looking clotted blood. A few doses of gallic acid, with cold cloths, and rest in the recumbent posture, were ordered, which for the time had the effect of stopping the hemorrhage; but a few hours afterwards a second attack supervened, which resulted in the death of the child.

As a wish was expressed to have a post-mortem examination, the mother willingly complied with it. On making an incision through the abdominal parietes, the first object which presented itself was the liver, which was covered with nodules varying in size from a hazel-nut to a hen's egg. The parenchyma presented everywhere a granular character, and of a dense, firm, leathery consistence. The granulations varied in size from a pin's head to a linseed, and were separated by corresponding areolar tissue. The intestines were universally covered with ecchymosed spots, and from the rectum upwards were filled with masses and clots of dark venous-looking blood. The stomach also was packed full of clots. The whole surface of the mucous membrane, from the stomach downwards, was carefully washed and examined, but no lesion of any kind could be detected; thus proving that the blood was entirely passive in its origin, arising from the obstruction to the passage of the blood through the portal vein. The spleen was greatly enlarged and much congested. No examination was made of the head.

Here was a case of distinct cirrhosis of the liver in a child only five years of age, which was not congenital, for she enjoyed good health till she was three years old, nor could any particular cause be assigned for it. The child herself had a peculiar repugnance to alcoholic stimulants of every kind. With regard to the parents themselves, they certainly were very intemperate in their habits. The records of children's complaints do not present a similar case in so young an individual.

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16. *Vaccination of Young Children.*—The following report by Dr. DAVID MURRAY, on the results of vaccinations at the Maternity Hospital, was read before the Obstetrical Society of Edinburgh: "I have myself vaccinated altogether about twenty-five cases, a few of them being done by others, at my request, out of doors. The following exhibits the respective ages of the patients: Five at 1 day old; six at 2 days; three at 3 days; four at 5 days; four at 6 days; three at 7 days. In every case the vaccination was perfectly successful, and seemed to take very readily—the amount of lymph in some instances being almost imperceptibly small. The vaccine vesicles went through their course successfully in the usual time, and were very complete and well formed. No injurious effects were observable; the children took the breast, and appeared as if nothing unusual had been done to them. No child of even three months could have been less disturbed.

"If dangerous results had been likely to have followed the performance of the operation, I believe that it would have been so in the present instances, as it is well known that many of the children born in the Maternity Hospital are very unfavourably situated, having by no means good constitutions transmitted to them. Though, therefore, the number is comparatively small from which to form an extensive induction, yet I consider that the present results sufficiently entitle us to draw the following conclusions:—

"1. That no danger attends vaccination at even the earliest period of existence, and that, therefore, it may be done with perfect impunity.

"2. That the vaccine lymph seems to affect children as readily, if not more so, at that early period than at a more advanced age.

"3. That most of the dangers or bad effects which are said to have followed the employment of early vaccination cannot fairly be attributed to any constitutional disturbance occasioned by the operation, but must have arisen altogether independent of it."

The following report by Dr. RITCHIE was also read: "1. Mrs. F.'s boy, 12 hours after birth—successful. 2. Mrs. C.'s boy, 10 hours after birth—successful. 3. Mrs. M.'s boy, 62 hours after birth—successful. 4. Mrs. B.'s boy, 5 hours after birth—successful. 5. Mrs. B.'s child, 5 days after birth—successful. 6. Mrs. M'K.'s child, 4 days after birth—successful. 7. Mrs. M'L.'s boy, 3 days after birth—unsuccessful."—*Edinburgh Medical Journal*, July, 1863.

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17. *Treatment of Malarious Fever by the Subcutaneous Injection of Quinia.*—Mr. W. J. MOORE, of the Bombay Medical Service, extols (*Lancet*, August 1, 1863) this mode of treating malarious fever. He states that he has administered quinia by subcutaneous injection "in upwards of thirty cases of intermittent fever, and in several cases of remitient, and with almost invariable success, the former class seldom requiring a second application, the latter generally subsiding after the fifth or sixth injection. Since the period I commenced to use quinia in this manner I have been surprised and pleased to find in one of the medical periodicals that the same plan has been pursued by Dr. Chasseaud, of Smyrna, who reports 150 cures, and especially recommends the system in fever complicated with gastric symptoms, when the exhibition of quinia by the mouth is often 'inefficient, difficult, and hazardous.'

"I use the strongest solution of quinia which can be prepared—viz., thirty grains of quinia, eight or ten drops of dilute sulphuric acid, and half an ounce of water. Of this I inject from half a drachm to a drachm, the former quantity containing some four grains of the active agent. With the exception of a little sulphate of soda if the bowels are confined, I use no other remedies whatever in uncomplicated cases of any type of malarious fever. When the spleen is enlarged, or if a leucocythemic condition is present, I prescribe, as an additional curative agent, one or other of the preparations of iron—very frequently the citrate of iron and quinia.

I generally inject beneath the skin over the outer belly of the triceps extensor muscle, and sometimes over the deltoid. I have, however, used the syringe with equal effect on the thigh and calf, and in cases of enlarged spleen have thought the action of the remedy increased by injecting over that organ. I use a small glass syringe with the screw action, and furnished with a sharp silver point some half an inch in length. The latter is introduced beneath the integument half an inch or less, and the pain is not greater than the prick of a pin. Indeed patients have frequently declared they would rather submit to this process than taste the bitter of quinia. I have never seen the slightest inflammation or irritation follow the operation except in two instances. In one of these this result was due to the instruments employed—namely, a small trocar and common glass syringe; in the other, to quinia in *suspension* being used instead of in *solution*. Indeed, I have reason to think that quinia in suspension is very irritating to the tissues, and this is what physiology would lead us to expect, as it is certain that when a fluid material is introduced into the areolar structure, it will be absorbed more directly than any solid mass could be. Therefore, to avoid irritation of the parts, and, also, to prevent "choking" of the syringe (and which instrument was procured from England), I insist upon a perfectly clear solution of the alkaloid.

The best time to inject is shortly before the expected cold fit, but it may be done during the first stage with the effect of lessening and sometimes stopping the whole paroxysm. Latterly, when a patient presents at the morning visit, who expects an accession during the day, I have injected at the time, and nearly invariably the fever has stopped.

In cases of remittent I have endeavoured to inject during the remission, but do not wait for this period. In severe cases the injection should be repeated at intervals of six or eight hours.

I believe four or five grains of quinia injected beneath the integument are equal in their effects to five or six times that amount taken into the stomach: also, that the effects are more certain than when taken in the ordinary method; and, also, that relapsing attacks are less common than when the remedy is administered by the mouth.

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18. *Treatment of Suspended Animation.*—The number of the *British and Foreign Medico-Chirurgical Review*, for April last, contains an account by Dr. B. W. RICHARDSON of his interesting researches on this subject. The following are the conclusions to which they lead:—

1. They indicate that artificial respiration can prove of avail only while the heart is transmitting a pulmonic wave of blood, and that in the absence of this wave, artificial respiration is injurious; injurious to the lungs and fatal to the blood.

2. They indicate that if a current of blood can be made to traverse the arterial channels, the muscles of respiration, previously at rest, will resume their action; and that respiration will follow, as at birth.

3. They point out that the effect of gentle external warmth is to induce an arterial tide; and that in every inquiry in respect to re-animation, the most careful attention must be directed to the further elucidation of this one subject.

4. They point out that galvanism is a dangerous remedy in all cases; that its effects cannot be measured, and that while it may set up a temporary excitation, it wears out excitability.

But, more than all, they indicate that between the time of so-called death and the period of the coagulation of the blood, re-animation is a possible fact; that the same rule, being applied to the body at large, as is often applied to the finger or other part of the body removed by accident—namely, the re-establishment through it of a blood-current—the body would re-live as a whole as it does in part; in a word, they show that the old principle, however it may at present fall short of demonstration, is true: "that which is of the local is of the general."

[In connection with this, we would refer to some researches by the same investigator, which we gave in the number of this Journal for June, 1862, p. 232.]

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19. *Dietetic Treatment of Albuminuria.*—The researches of M. Hamon, contained in a note on albuminogenesis communicated to the Académie de Médecine on the 29th April, 1862, appear to throw considerable light upon the question whether any kinds of aliment increase or diminish albuminuria. He found, for instance, that soft-boiled eggs were very easy of digestion, and exercised a very slight albuminogenic influence, and it has therefore been suggested that in albuminuria an albuminous diet might be ordered, composed principally of soft-boiled eggs and albuminous water. Vegetable diet has also been sometimes employed in albuminous anasarca, sometimes with partial, sometimes with perfect success. But all kinds of diet that have been adopted in albuminuria are inferior to that of milk, as recommended by M. Guignier. The latter physician adopts the treatment of albuminuria devised by M. Serres, and which is founded on the combination of three plans—namely, the diminution of drink, the milk regimen, and the use of raw onions. The plan consists in choosing the milk with great care as to its freshness and quality, in substituting one milk for another when the first disagrees with the patient, allowing the patients to determine the quantity they drink, uniting lime or magnesia with the milk when it causes acidity, and abandoning the treatment at the end of twenty days, if it has not produced a decided good effect. M. Guignier believes that the diuretic property of the raw onion has a beneficial effect upon the disease, and that these vegetables ought to form part of the milk regimen. The editor of the *Bulletin Général de Thérapeutique* thinks that albuminuria may be cured by dietetic means, if they are adopted early, when the effusions are recent, and before the albuminuria has lasted long enough to have produced in the renal tissues the organic changes which place the case beyond the hope of cure.—*Brit. and For. Med.-Chir. Rev.*, July, 1863, from *Bull. Gén. de Thérap.*, March 15, 1863.

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20. *Use of Perchloride of Iron in Diphtheria.*—It is now generally admitted, that the pseudo-membranous formations of the throat or larynx ought to be treated with tonics instead of antiphlogistics. M. Courty is persuaded that these diseases are of an adynamic nature, and he disapproves of any measure which would have the effect of weakening the organism, admitting only such remedial means as are of an opposite nature, such as a substantial and restorative diet, and among medicines, cinchona, and especially iron, which without being a specific, he regards as assisting essentially in the cure. He considers the solution of the perchloride of iron to be the best of the ferruginous preparations, but he thinks that there are some others which may be preferred in certain cases, as, for instance, the iodide of iron in scrofulous children. M. Courty employs the perchloride in two forms: 1. Internally, in the dose of twenty-five to thirty drops in a glass of water in twenty-four hours, given in teaspoonfuls, and each dose followed by a mouthful of milk to remove the styptic after-taste. He continues the medicines, even after the cure, for a sufficiently long time to restore the strength and to shorten the convalescence. 2. He employs it locally, if not to the exclusion of every other topical application, still with a marked preference, and the reason of the preference is, that the solution has at once a caustic, hæmostatic, and tonic action, by virtue of which it very favourably modifies the surface after the removal of the false membrane, and spares the neighbouring parts, which are not denuded of epithelium; and besides, if it is impossible to remove the diphtheritic patch, the perchloride of iron possesses the valuable property of acting upon it and penetrating it, of infiltrating itself under its edges, and thus going on to reach and modify the subjacent tissue.—*Brit. and For. Med.-Chir. Rev.*, July, 1863, from *Researches on Croup and Diphtheria.* Montpellier, 1862.

21. *Sarracenia Purpurea in Smallpox.*—Mr. J. F. **MARSON**, Surgeon to the Smallpox Hospital, London, in a communication to the *Lancet* (July 4, 1863), states that he has used the sarracenia in smallpox, and has not observed from it any effect whatever. "It did not save life; it did not modify in the least the eruption of smallpox; it did not influence any of the secretions; it did not increase the secretion of urine; in only one instance did it seem to act on the bowels, and this seeming effect might easily have been from other causes."

Notes of fifteen cases treated by the sarracenia were given, all of which terminated fatally.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

22. *Curability of Abscess in the Brain.*—In a recent communication to the Academy of Sciences, in Paris, M. **FLOURENS** relates some extraordinary facts concerning the brain, resulting in part from his own experiments. He quotes several instances, recorded in history, of cures effected, in cases in which the brain received serious injuries; among them that of a young officer in the time of Fronde, whom Cardinal Mazarin had always refused to promote on the plea "that he had no brains." In one of the engagements of those stirring times, this young man received an enormous wound on his head. The surgeon in whose hands he was, astonished at the quantity of brain which issued from the wound, preserved it in spirits, and subsequently, after this patient had recovered, showed it to him. "Oh!" exclaimed the latter, "pray send that to the cardinal, to prove that I have more brains than he is aware of." Another case mentioned was that of a young man of sixteen, who had been struck by a stone on the left parietal bone. As the bone did not present any appearance of fracture, the treatment employed by the surgeon, Lapeyronie, was of the simplest kind. But on the 25th day, the patient's right eye began to grow weak, and three days later its power of vision had ceased, the patient himself being in a state of absolute prostration. Lapeyronie made several incisions on the skull, which he trepanned three times; the dura mater was relieved of a few splinters which pressed upon it, after which he opened it, and a quantity of purulent matter issued forth. Immediately the prostration ceased, and the patient recovered his eyesight and the complete use of his other senses. At the end of two months he recovered his health entirely, although he had lost a considerable quantity of brain. M. Flourens then recalls to mind several experiments of his own on animals, which he deprived in some cases of one lobe, and in another of both lobes of the brain, the animal living upwards of a year after the operation; but having lost all its senses, and being reduced to the state of a mere automaton. In another instance the whole cerebellum was extracted; the animal lived for more than a year after the loss, but never recovered the regularity of its movements, being reduced to a permanent state of apparent drunkenness. M. Flourens next proceeds to describe certain new experiments, in which he introduced leaden bullets into the brain of rabbits and dogs. The bullets were placed on different points of the upper region of the encephalon, on the lobes, and the cerebellum. The bullets, left to the action of their own weight, penetrated by degrees into the substance of the brain, and ultimately stopped at the basis of the cranium. The passage thus opened through the substance soon closed and healed; and if the bullet was not too large, none of the regular functions of the animal were disturbed, and no inconvenience whatever was produced.—*Ranking's Abstract*, vol. xxxvii., from *Gazette Hebdomadaire*, Nov. 28, 1862.

23. *Treatment of Damaged Brain from Mechanical Injury.*—Mr. **PAGET**, Surgeon to St. Bartholomew's Hospital, in a clinical lecture on a case of fracture of base of the skull, makes the following excellent remarks on the treatment of damaged brain:—

What is the treatment of fracture of the base of the skull? As regards the